

7075-T6 3.000 X 7.500"

Work Order ID 94636

94636

Page 1

December-19-12 1:29:17 PM

Item ID: 647.9315

647.9315
B94636

Accept

N900040100

Setup Start

NS1

Revision ID:

Stop

NS2

Item Name: Receptacle Bracket

Start Date: 1/17/13 Start Qty: 30.00

30

Cust Item ID:

Required Date: 1/17/13 Req'd Qty: 30.00

30

Customer:

Reference:

Approvals: Process Plan:

H

Date/3-01-2

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr	Revision Nbr								
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647.9300

100

100

Bandsaw

Jeaspa Bandsaw

Memo

CUT AT 6.25" LONG

0.00

1/13-02-20

30

0

110

110

Outsource5

Outsource process - Machining

Memo

ISSUE P/O: 19893
POSSIBLE SUPPLIER: ARCHER PRECISION

0.00

CD 13/05/15 30

PRO

Certificate of conformaty required

115

Receive & Inspect for Damage & Mat'l Certs

0.00

115

Packaging

Packaging

Memo

0.00

1/13/11/8

30

26 + 100af.
CL 13/11/13

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date: 14-2-24QA Closed: Date: 14/2/19

Work Order:	94636				DISPOSITION	AGAINST DEPARTMENT/PROCESS					
Part No.	647.9315				Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>		
NCR No.	14-3537				Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>		
					Use-as-is <input checked="" type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>		
					Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input checked="" type="checkbox"/>			
					80	(ARCFER)					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data	13/11/13	2110	26	Parts Found to have a hexagon mark in the rear of all holes/some holes on selected parts.		See Attached Email	Acceptable per attached Email	DAS 16 9-89	DAS 16 9-89		
Equip/Tooling				RC. supplier issue			From Pablo BRAVO to EP.				
Operator							SCE				
Material							Attached E-mail				
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											

FAULT CATEGORY

Landing Gear	General			
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Ovalized	<input type="checkbox"/> Pressure/Forced	
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Temperature/Cure	
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Weld	
<input type="checkbox"/> Crushed/Crimped.	<input type="checkbox"/> Burrs	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Wrong Stock Pulled	
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Part Moved		
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Positioned Wrong		
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Other	
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes			
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing			
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish			
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio			

Work Order ID 94636

94636

Page 2

December-19-12 1:29:17 PM

Item ID: 647.9315

Accept

N900040100

Setup Start

NS1

Revision ID:

Stop

NS2

Item Name: Receptacle Bracket

Start Date: 1/17/13 Start Qty: 30.00

30

Cust Item ID:

Required Date: 1/17/13 Req'd Qty: 30.00

30

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

117

117

QC

Quality Control

QC6- Inspect dimensions to drawing

0.00

DAS
27
9-89

26

-4

118

118

HandFinish

Hand Finishing

Memo

0.00

0.00

N/A

CZ 13/11/14

PTO
+ next Page
Previous

120

120

Outsource4

Outsource process - Anodize

Memo

0.00

0.00

HARD ANODIZE IAW MIL-A-8625 TYPE 3
COLOUR BLACK

PO. 22038 A.T.G

CZ 13/11/14 26

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: John Date: 14-2-19QA Closed: John Date: 14-2-19

Work Order: <u>94036</u>	DISPOSITION	AGAINST DEPARTMENT/PROCESS				
Part No. <u>641,9315</u>	Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	
NCR No. <u>14-3538</u>	Scrap <input checked="" type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>	
	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input checked="" type="checkbox"/>	
	Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input checked="" type="checkbox"/>		

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling	<u>13/11/07</u>	<u>110</u>	<u>4</u>	<u>Part dimension out of tolerance, part gauge retract program incorrectly</u>	<u>DAS 16 9-89</u>	<u>adjustment made to program</u>	<u>DAS 27 9-89</u>	<u>DAS 16 9-89</u>	<u>DAS 16 9-89</u>
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General				
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized	<input type="checkbox"/> Pressure/Forced	
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Temperature/Cure	
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Weld	
<input type="checkbox"/> Crushed/Crimped.	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Wrong Stock Pulled	
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved		
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong	<input type="checkbox"/> Other	
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge		
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset			
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration			
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence			
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions			

Work Order ID 94636

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94636

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Item ID: 647.9315

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Receptacle Bracket

Stop

NS2Start Date: 1/17/13 Start Qty: 30.00 ***30***

Cust Item ID:

Required Date: 1/17/13 Req'd Qty: 30.00 ***30***

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130 *130* Packaging	Receive & Inspect for Damage & Mat'l Certs	0.00							13/12/13 (26)
Packaging	Memo	0.00							
	IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV								
140 *140* QC	QC5- Inspect part completeness to step on W/O	0.00	DAS 27 9-89						
Quality Control	Memo	0.00	W						
150 *150* SprayPaint	Spray Painting per QSI005 4.2	0.00							13/11/14 26
Spray Painting	Memo	0.00							
	PRIME AS PER DWG NOTE #2								

prime@ A.T.E

P/O: 22038

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS																	
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>																
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>																
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>																
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																	
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector												
Doc/Data																							
Equip/Tooling																							
Operator																							
Material																							
Setup																							
Other																							
Process																							
Supplier																							
Training																							
Unapproved																							
FAULT CATEGORY																							
Landing Gear				General																			
<input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio								<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled		<input type="checkbox"/> Other	

Work Order ID 94636

94636

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Item ID: 647.9315

Accept

N900040100

Setup Start

NS1

Revision ID:

Stop

NS2

Item Name: Receptacle Bracket

Start Date: 1/17/13 Start Qty: 30.00

30

Cust Item ID:

Required Date: 1/17/13 Req'd Qty: 30.00

30

Customer:

Reference:

Approvals:	Process Plan:	Date:	Tooling:	Date:	Run	Start	*NR1*
	QC:	Date:	SPC (Y/N):	Date:	Stop		*NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
160 *160* QC Quality Control	QC1- Inspect Spray Paint Memo	0.00	DAS 27 9-89	131212		26 Cen			

170

Identify as per dwg & Stock Location: ST 416 0.00

170

Packaging

Packaging

26x 13-12-3

DAS
26
9-89

180

Identify as per dwg & Stock Location: / 0.00

180

Packaging

Packaging

Memo

IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV

0.00

/A

~~13-12-3~~

MB-123 →

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____		DISPOSITION		AGAINST DEPARTMENT/PROCESS					
Part No. _____		Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
NCR No. _____		Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
		Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
		Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									
FAULT CATEGORY									
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions					
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other					
				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled					

Work Order ID 94636

94636

Page 5

December-19-12 1:29.17 PM

Item ID: 647.9315

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Receptacle Bracket

Stop

NS2

Start Date: 1/17/13 Start Qty: 30.00

30

Cust Item ID:

Required Date: 1/17/13 Req'd Qty: 30.00

30

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

190

1Qn

QC

Quality Control

QC21- Final Inspection - Work Order Release

0.00

Memo

0.00

13/12/04. JH

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS																	
			Rework	<input type="checkbox"/>	Skid-tube	<input type="checkbox"/>	Crosstube	<input type="checkbox"/>	Water Jet	<input type="checkbox"/>	Engineering												
			Scrap	<input type="checkbox"/>	Machining	<input type="checkbox"/>	Small Fab	<input type="checkbox"/>	Prod. Eng. Coor.	<input type="checkbox"/>	Quality												
			Use-as-is	<input type="checkbox"/>	Thermoforming	<input type="checkbox"/>	Finishing	<input type="checkbox"/>	Rec/Store/Packaging	<input type="checkbox"/>	Other												
			Work Order Update	<input type="checkbox"/>	Large Fab	<input type="checkbox"/>	Composite	<input type="checkbox"/>	Supplier	<input type="checkbox"/>													
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector												
Doc/Data																							
Equip/Tooling																							
Operator																							
Material																							
Setup																							
Other																							
Process																							
Supplier																							
Training																							
Unapproved																							
FAULT CATEGORY																							
Landing Gear				General																			
<input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio								<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled		<input type="checkbox"/> Other	

Picklist Print

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Page 1

Work Order ID: 94636

Parent Item: 647.9315

Parent Item Name: Receptacle Bracket

Start Date: 1/17/13

Required Date: 1/17/13

Start Qty: 30.00

Required Qty: 30.00

Comments: IPP REV:A NEW ISSUE 12-11-19 JLM VERIFIED BY:DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
647.9315P Receptacle Bracket		Purchased	No				Each	0.0000		30	15.938	1/13/18 (30)	
M7075T6B3.000X7.500 7075-T6 BAR 3.000' X 7.500"		Purchased	No				f	12.7500		18.6	15.938	1/13/02/20	

Location	Loc Qty	Loc Code
MAT049	12.75	
124030	12.75	

~~124383~~
124383

15.938

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

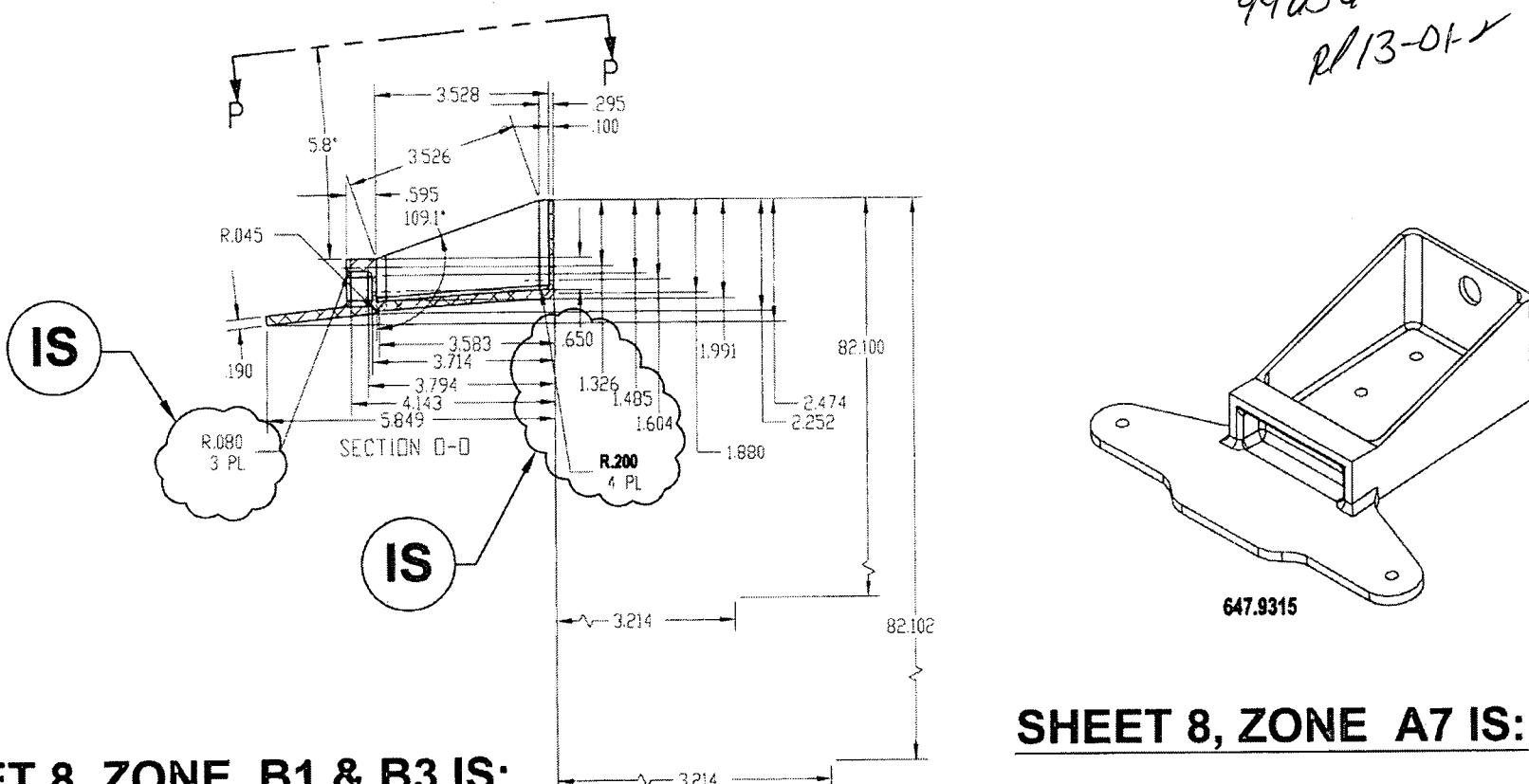
QA Closed: _____ Date: _____

Work Order: _____		DISPOSITION			AGAINST DEPARTMENT/PROCESS					
Part No. _____		Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>		
NCR No. _____		Work Order Update <input type="checkbox"/>			Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>		
					Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>		
					Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>			
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled						
				<input type="checkbox"/> Other						

APICAL INDUSTRIES, INC.	ENGINEERING CHANGE NOTICE NO. 03706				SHEET 1 OF 2	
	DWG NO. 647.9300	REV: N/C	PREPARED BY B. PETERS	DATE: 11/16/12	EFFECT ON DWG <input type="checkbox"/> INC. <input checked="" type="checkbox"/> UNINC.	
DWG TITLE: BRACKETS						
APPROVED BY:	ENGR <i>P. Brown</i>	MFG <i>D. Brown</i>	QC <i>S. S.</i>	EFF: NEXT ORDER		
TRANSACTION CODES (TC): A-ADD C-CREATE R-REVISE D-DELETE	REASON: REVISED RADII ON 647.9315.				ECR: D-12-012	

SHEET 1, ZONE B4, NOTE 10 IS:

⚠ PART DIMENSIONS CONTROLLED BY CAD MODEL FILE: 647.9315 RECEPTACLE BRACKET.SLDPRT, LAST MODIFIED 11-16-12.



SHEET 8, ZONE B1 & B3 IS:

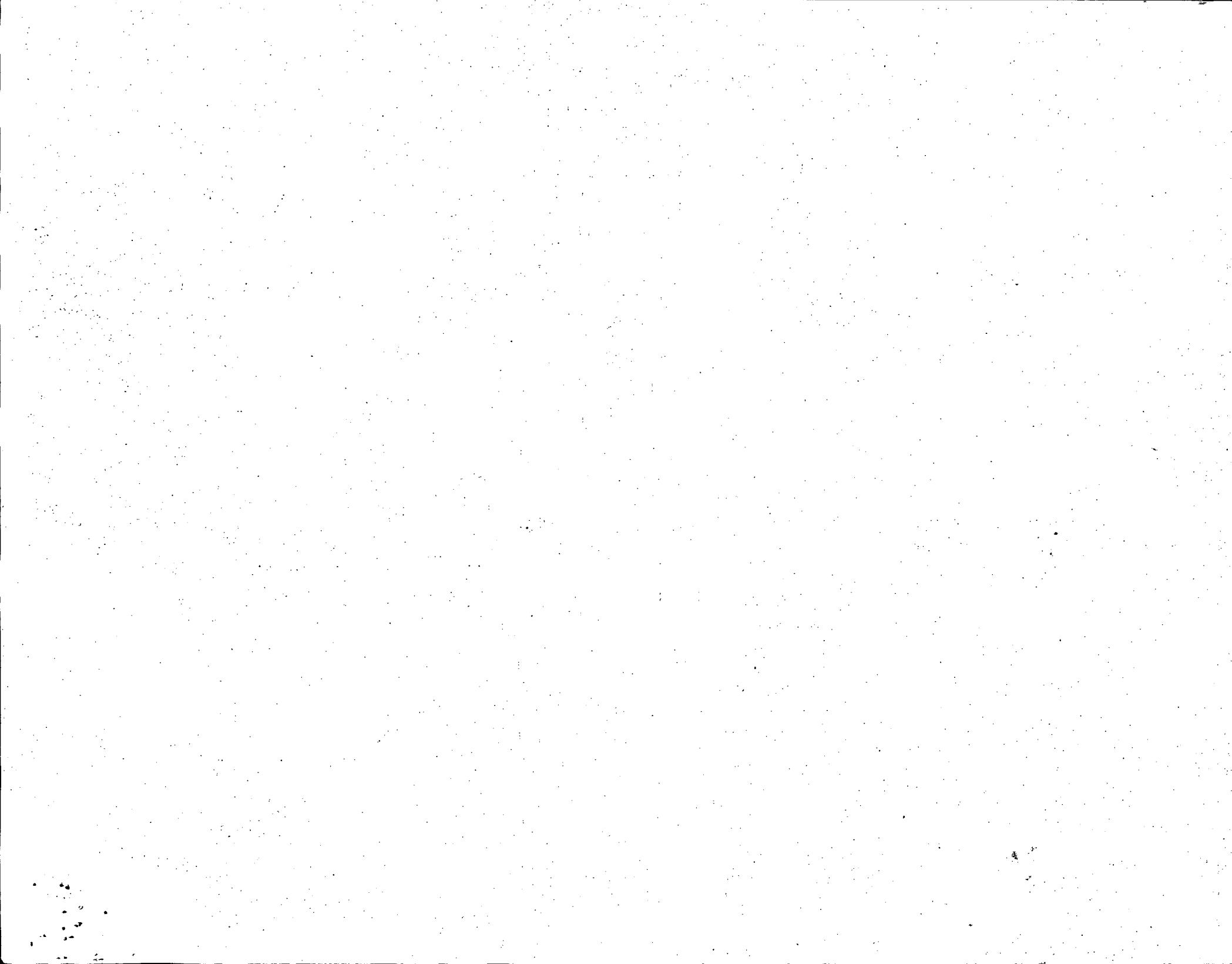
DOCUMENTS EFFECTED:

RFMS MDL INSTALL INSTRUC ICA BOM

CHANGE CATEGORY
 MAJOR MINOR

DER REVIEW REQUIRED
 YES NO

SHEET 8, ZONE A7 IS:





Ottawa, Ontario
K1B 4S6

Phone # 613-899-2405

Packing Slip

Date	Invoice #
10/31/2013	477-A

Ship To

Main Finished Goods Location
Dart Aerospace
1270 Aberdeen Street
Hawksbury, Ontario
K6A 1K7

P.O. No.	Ship	Via	FOB	Project
19893	10/31/2013	delivered	Archer	

Qty	Item Code	Description
26	Sales <i>fy PAG B</i>	647.9315P HST (ON) on sales



Non Conformance Report

Customer: Dart
Job/ PO# 19893
Part Number: 647.9315P
Description: Bracket
QTY: 30

Reject QTY: 4
Customer Supplied Yes
Material: Yes
Pictures Attached: No

Work Order #: _____
Date: 31-Oct-13
Is the Part _____
Identified: Yes

DESCRIPTION OF NONCONFORMANCE

Item	Qty	
1	2	Part demension out of tolerance
2	2	Part grouged

CAUSE OF NONCONFORMANCE

Item Ref.	
1	Tool crattered part of rerun.
2	Tool retract programmed incorrectly

CORRECTIVE ACTION

Item	
1	Adjustments made to programming and tool blending
2	Programing errors fixed

CUSTOMER DISPOSITION

Item Ref.	

Inspector/ QA: G,KUMPULA

Date: 31-Oct-13

NCR#

111031

Eric Downing

From: Pablo Bravo
Sent: Wednesday, November 13, 2013 2:08 PM
To: Eric Downing
Cc: Patrick Smith; Nigel Forbes; Linda Lacelle
Subject: RE: 647.9315

Eric,
I think we can accept the parts as-is but let the vendor know that they need to provide a corrective action in the future.

Regards,

Pablo

From: Eric Downing
Sent: Wednesday, November 13, 2013 5:41 AM
To: Pablo Bravo
Cc: Patrick Smith; Nigel Forbes; Linda Lacelle
Subject: 647.9315
Importance: High

Good morning Pablo

Hope all is good in your part of the world. I have here at Dart Hawkesbury a little bit of a question for you and your team.

As you can see in the pictures I have the 647.9315 (Qty 26 pcs) with what appears to be a scoring from bolts used to locate and hold down the parts during machining by our outside vendor. On multiple parts have all the holes with it and some have only a few but all in the same locations.

My question is what can we do to accept these parts. Here at Dart Hawkesbury we can do the following

- Open the holes to a max size (you need to supply me with that size)
- Accept the parts as is
- Or scrap all parts

Pablo what is your opinion on what to do with these parts? Please send me your response as soon as you can.

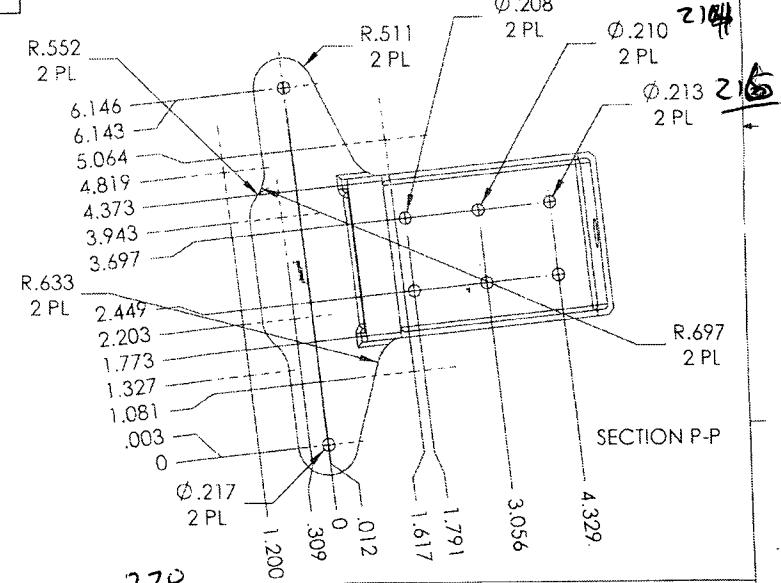
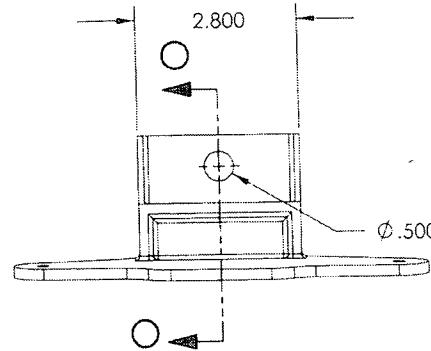
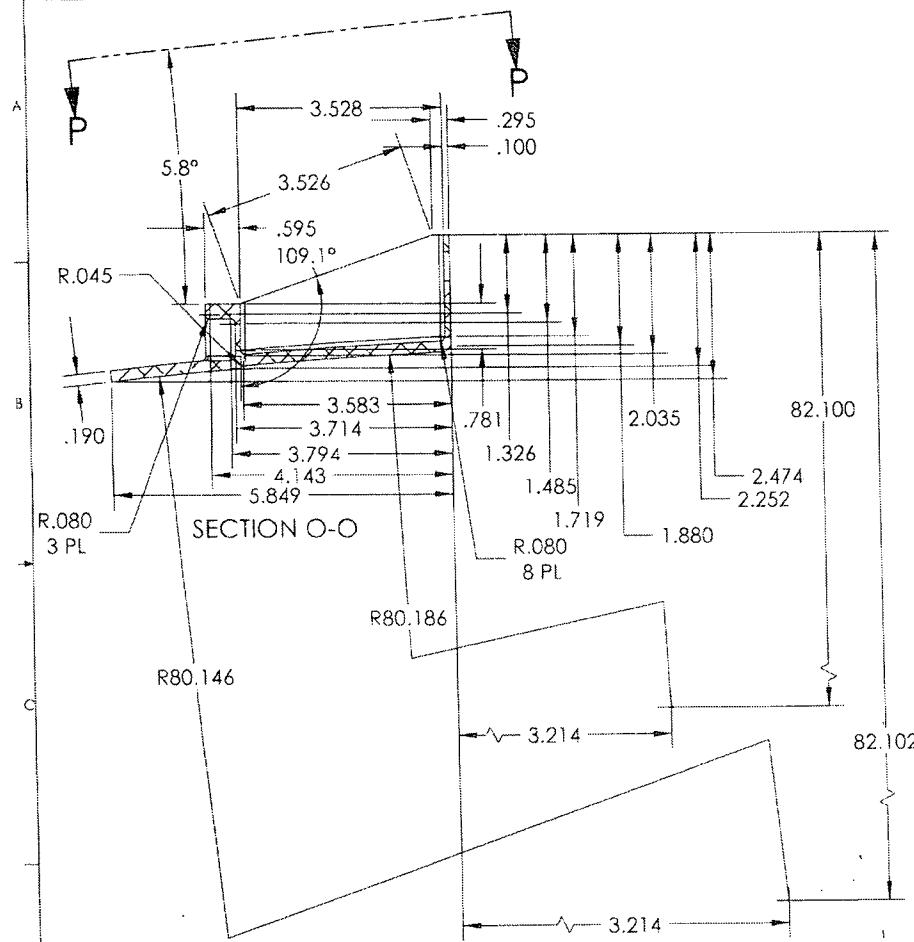
Thanks a ton

Eric Downing
QC Coordinator
T: 1-613-632-5200 ext 223
C: 1-613-363-9375
F: 1-613-632-5246
www.dartaero.com
Edowning@Dartaero.com



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KEY	DESCRIPTION	DATE	APPROVED





A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62765

Date: 02-Dec-13

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms		Ship Via
Quantity	Description	
1 lot	Part: ASST 6 PCS 646.2910 (48.00) 4 PCS 646.3810 (6.55) 4 PCS 646.3812 (5.45) 20 PCS 646.3813 (6.10) 8 PCS 647.5710 (12.75) 10 PCS 649.5311 (20.15) 8 PCS 649.5312 (9.80) 3 PCS 647.1814 (6.90) 9 PCS 646.3813 (6.10) 3 PCS 647.1815 (6.90) 29 PCS 647.9310 (18.00) 26 PCS 647.9315 (14.35) 20-PCS 647.9711 (14.50) HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 PRIME MIL-P-23377J TYPE I CLASS N Job: 20130745 PO: 22038	Rev: Line:
	Certificate of Conformance A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order. ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY DATE: <u>2/12/13</u> CERTIFIED SIGNATURE: <u>M</u> RECEIVER SIGNATURE: _____	